INDIANA STATE ETHICS COMMISSION



ETHICS DISCLOSURE STATEMENT

CONFLICTS OF INTEREST – DECISIONS AND VOTING
State Form 55860 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

MAR 1 5 2022

FILED



days after the conduct that gives rise to the agency appointing authority and ethics off					
General's website.	moor whore many who allowed area	1,110 0,00			
Name (last) Bottomley	Name (first) Adrian		Name (middle)		
Name of office or agency FSSA		Job title Staff Attorney			
Address of office (number and street) 402 W. Washington St. Rm. W451		City Indianapolis		ZIP code 46204	
Office telephone number (317) 232-1674	Office e-mail address (required) adrian.bottomley@fssa.in.gov				
Describe the conflict of interest: I am currently employed by by FSSA as a Staff Attorney. I am responsible for advising the Division of Aging and the					
rule promulgation process across the agency. I also have assisted with issues across the agency as needed. I was					
offered to interview for an attorney position with the law firm Hall Render Killian Heath & Lyman which sometimes litigates					
against FSSA.					
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In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7)

Describe the screen established by your ethics officer: (Attach additional pages as needed.) Employee's manager has implemented a screen that will prohibit the employee from participating in any vote, decision, or					
matters relating to any vote or decision (including any cases) involving or related to the	e Hall Render firm. There are no				
known outstanding cases involving employee and Hall Render, but if any come to be known, those matters will be					
reassigned to another employee. Future matters with Hall Render will be assigned to another employee, as well. This					
screen will remain in place for Mr. Bottomley's remaining tenure with the State or until he discontinues employment					
negotiations with Hall Render, whichever occurs first.					
·					
AFFIRMATION					
Your signature below affirms that your disclosures on this form are true, complete, an knowledge and belief. In addition to this form, you have attached a copy of your writt appointing authority and ethics officer.	•				
Signature of state officer, employee or special state appointee	Date signed (month, day, year)				
Printed full name of state officer, employee or special state appointee Advian For House	11912				
FOR ETHICS OFFICER USE ONLY					
Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.					
Signature of ethics officer	Date signed (month, day, year)				
Printed/full name of ethics officer	10/10/22				

Baker, Nathaniel P

From:

Keyes, Jessica K

Sent:

Tuesday, March 15, 2022 11:40 AM

To:

Keyes, Jessica K

Subject:

FW: Conflict Disclosure

Thank you,

Jessica Keyes

Deputy General Counsel and Ethics Officer

Phone: 317-234-3884

Email: Jessica.Keyes@fssa.IN.gov



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From: Rusyniak, Daniel E (Dan) < <u>Daniel.Rusyniak@fssa.IN.gov</u>>

Sent: Tuesday, March 15, 2022 11:38 AM

To: Marshall, Cathrine (Cate) < Cathrine.Marshall@fssa.IN.gov>

Subject: Re: Conflict Disclosure

I have read the disclosure.

From: Bottomley, Adrian < Adrian. Bottomley@fssa.IN.gov>

Sent: Tuesday, March 15, 2022 11:33 AM

To: Marshall, Cathrine (Cate) < Cathrine. Marshall@fssa. IN.gov>

Cc: Keyes, Jessica K < Jessica. Keyes@fssa. IN.gov>

Subject: Conflict Disclosure

Hello,

I have attached another conflict disclosure form. As before, we need some sort of acknowledgment for record keeping.

Thanks,

Adrian Bottomley

Staff Attorney

Office of General Counsel

Indiana Family and Social Services Administration

402 West Washington Street, Room W451

Indianapolis, IN 46204

(317) 232-1674

adrian.bottomley@fssa.in.gov

http://www.IN.gov/fssa

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